



**Los Angeles County Commission for Women (LACCW)  
EVENT FUNDING REQUEST FORM**

*All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request*

Name of Commissioner(s)

Los Angeles County District

Yolanda Becerra-Jones

ALL

Amount Requesting: \$500.00

Purpose of Usage:      Ticket(s)

     Donation

  x   Other (specify) Printing Educational Materials

Organization's Name: ERA Education Project

Address: P.O. Box 480077, Los Angeles, CA 90048  
Street City Zip

Telephone Number: 323-954-9644 FAX Number: 323-634-9098

Website Address: www.eraeducationproject.com E-mail: liz.lopez@eraeducationproject.com

Contact Person (Name and Position): Liz Lopez, Vice President

Event Information – Name, Time and Location:

Event Information – Purpose and Goals: (Event publicity materials may be included (optional))

To be able to print materials that can be used for women's organizations and schools.

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Women of all ethnicities and income levels in Los Angeles County.

How will your attendance or donation to this event benefit the LACCW?

By promoting the good works done by LACCW through the ERA Education Project, not only in L.A. County but throughout the United States.

Have you participated in this event before representing the LACCW?

No ( ☒ ), this is the first time.

Yes ( ☐ ), I have attended prior to this one. Year(s): \_\_\_\_\_

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: \_\_\_\_\_

Second Occasion: \_\_\_\_\_

*Please send this form to:*

**Los Angeles County Commission for Women**  
**500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012**  
**PH: 213-974-1455**  
**FAX: 213-633-5102**  
**E-mail: rrrangel@bos.lacounty.gov**

**For CW Office Only:**

(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> )	_____	_____	_____	_____
Place on Agenda	Date Received	Received By	Date of Review	Reviewed By
Reason for not placing on agenda _____				
_____	(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> )	(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> )	_____	
Date of CW Board Meeting	Action Taken	Notification Sent	Amount Approved	

Reason for Rejection \_\_\_\_\_

Approved 9/13/10